2010 ELECTION CYCLE

Treasurer JOSEPH DONNELL

REPORT OF RECEIPTS AND DISBURSEMENTS

Delbert Hosemann SECRETARY OF STATE



Name of Committee Committee to Elect Toby Barker State Representative Address P.O. Box 17739, Hattiesburg, MS 39404-7739 Fax 601-271-8629 Telephone 601-271-8625 Email joe@donnellpa.com

Check here if above is different from previous report

6012718629

TYPE OF REPORT

	May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010	Mandator
	June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010),	Runoff Candidates
	October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).	All Candidates
	November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13	, 2010)Runoff Candidate
X	January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).	All Candidates and Political Committees
	Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)	Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (z) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann, § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized	+ Non	-itemized ≈	This Period	 Year-To-Date
Total amount of contributions	9,700	+ \$	10,105	\$ 19,805	\$ 19,805
Total amount of disbursements	1,915	+ \$	1,612	\$ 3,527	\$ 3,527
Total amount of cash on hand		0.5		\$ 36,719	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

1-28-11 Signature of Director or Treasurer

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penantes: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 55 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for State-ride, State district, multi-county and all legislative offices aboutd return form to Secretary of State, Elections Division, P. D. Box 126, Jackson, MS 39205 or fax to 661-159-1699 or 601-576-2816.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clark.

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Name of Candidate or Committee Committee to	Elect T	oby Barker State Repr	esentati	ve			
Reporting period January 1, 2010 th	hrough	December 31, 2010					
ITEMIZE	ΞD	RECEIP	rs				

Source: DiGorporation DPAC &Individual DiLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	12 / 13 / 10	\$ 250
Mike & Ada McGrevey		\$
P.O. Box 570		\$
Decatur, MS 39327	_'-'-	
Name of Employer (Required)		\$
Occupation (Required) N/A	Aggregate year-to-date	\$ 250
B. Source: Description PAC Individual Description Description	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 / 13 / 10	\$ 250
Alliance Health Center Mailing Address		\$
500 Highway 39N City, State, Zip Code		\$
Meridian, MS 39301 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Wallace Strickland	12 / 13 / 10	S 250
Mailing Address 8219 Sycamore Creek Drive	_'_'_	\$
City, State, Zip Code		\$
Meridian, MS 39305 Name of Employer (Required) Rush Foundation Hosp		\$
Occupation (Required) Administrator	Aggregate year-to-date	\$ 250
D. Source: Corporation D PAC D Individual D Lean D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 / 13 / 10	\$ 250
Capital Advocacy Group Mailing Address	1 , ,	\$
P.O. Box 217	'	
City, State, Zip Code Jackson, MS 39205		S
Name of Employer (Required)		\$
Occupation (Required)	Aggregaté year-to-date	\$ 250

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Name of Candidate or Committee Committee to Elect Toby Barker State Representative

Reporting period_January 1, 2010 through December 31, 2010

A Source: Derporation DPAC &Individual OLoan	(Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	12 / 13 / 10	\$ 250
Andrea K. Barker		
Mailing Address		\$
3726 Greenwich Street		\$
City, State, Zip Code	_'_'_	•
Jackson, MS 39216		\$
Name of Employer (Required)	_'_'	•
Iniversity of MS	Aggregate	\$
Occupation (Required) Physician	year-to-date	250
B. Source: D'Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 / 13 / 10	\$
Thompson & Associates		250
Mailing Address	_1_1_	\$
814 N. President Street	==	
City, State, Zip Code		s
Jackson, MS 39202		\$
Name of Employer (Required)	'	•
Occupation (Required)	Aggregate year-to-date	\$ 250
C. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 / 13 / 10	\$ 250
Brent Alexander		\$
Melling Address		•
1501 N. State Street City, State, Zip Code		\$
	''-	
Jackson, MS 39202 Name of Employer (Required)		\$
Self Employed		
Occupation (Required)	Aggregate year-to-date	\$ 250
D. Source: Corporation S PAC Individual Lean O Other (please specify)	Date (Mo., Day, Year)	Amount of each
Full name	12 / 13 / 10	\$ 250
ENPAC		200
Mailing Address P.O. Box 1640	_'_'_	S
City, State, Zip Code		
Jackson, MS 39215		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 250

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Name of Candidate or Committee	Committee to Elect Toby Barker State Representative
Inn., 4, 0010	- 1 44 0040

Reporting period January 1, 2010 through December 31, 2010 TEMIZED RECEIPTS

A. Source: © Corporation & PAC Individual D Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 / 13 / 10	\$
MS Independent RX PAC		500
Mailing Address	1_1_1_	\$
4209 Lakeland Drive		
City, State, Zip Gode	111	\$
Flowcod, MS 39232		
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year-to-date	500
B. Source: G Corporation S PAC D Individual D Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 (13 (10	\$
MS Association for Homecare	12 / 13 / 10	300
Mailing Address		5
134 Fairmont Street, Ste B	-/-/-	
City, State, Zip Code	70 de .	\$
	-'-'-	
Clinton, MS 39056 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 300
C. Source: ØCorporation © PAC © Individual © Loan © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 / 13 / 10	500
CLH Consulting Mailing Address		\$
148 Oakhurst		
City, State, Zip Code	2 20	\$
	''_	1.
Ridgeland, MS 39157 Name of Employer (Required)		\$
	'-'-	
Occupation (Required)	Aggregate year-to-date	500
D. Source:	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12 , 13 , 10	
Centene Management Company	12 / 13 / 10	\$ 500
Mailing Address	7 1	\$
7711 Carondelet Avenue, Ste 800	'	*
City, State, Zip Code St. Louis, MO 63105		s
Name of Employer (Required)	783 376	20
therite or Control of tradences		\$
Occupation (Required)	Aggregate year-to-date	\$ 500

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Representative			

Name of Candidate or Committee Committee to Elect Toby Barker State Representative

Reporting period January 1, 2010 through December 31, 2010

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A Source: D Corporation D PAC & Individual D Loan O Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 20 / 10	\$ 250
A.D. Hunt Mailing Address		\$
P.O. Box 15086 City, State, Zip Code		\$
Hattlesburg, MS 39104 Name of Employer (Required)		\$
Self Employed Occupation (Required) Insurance	Aggregate year-to-date	\$ 250
B. Source: Corporation PAC individual Loan	Data (Mo., Day, Year)	Amount of each receipt this period
CI Other (please specify) Full name	10 / 20 / 10	\$ 250
Mailing Address		S
16 Landing Way City, State, Zip Gode		\$
Hattiesburg, MS 39404 Name of Employer (Required)		\$
Hattlesburg Clinic Occupation (Required) Physician	Aggregate year-to-date	\$ 250
C. Source: © Corporation © PAC Ø Individual © Losn © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this pariod
Full name Tommy Thomton	10 / 20 / 10	\$ 250
Malling Address 137 W. Canebrake Blvd		\$
City, State, Zip Code	11	S
Hattlesburg, MS 39402 Name of Employer (Required) Hattlesburg Clinic		\$
Occupation (Required) Administrator	Aggregate year-to-date	\$ 250
D. Source: Corporation PAC Individual Loan D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JB Transport	10 / 20 / 10	\$ 250
Malling Address P.O. Box 129		s
City, State, Zip Code Sandy Hook, MS 39478		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250

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Name of Candidate or Committee Committee to Elect Toby Barker State Representative

Reporting period January 1, 2010 th

through December 31, 2010

A Source: © Corporation © PAC & Individual © Loan © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 20 / 10	\$
Jeff Morris	10 / 20 / 10	250
Mailing Address	1 1	\$
117 Crystal Creek		
City, State, Zip Code	1 1	\$
Hattiesburg, MS 39402		()
Name of Employer (Required)	1 1	\$
Community Health Systems		
Occupation (Required) Physician	Aggregate year-to-date	\$ 250
B. Source: Corporation C PAC (X Individual C Loan C Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 .00 .10	\$
Joe White	10 / 20 / 10	250
Mailing Address		\$
	''_	
119 Saint Andrews		\$
City, State, Zip Code		
Hattiesburg, MS 39401		S
Name of Employer (Required)		•
Self Employed Occupation (Required)	Aggregate	5
Occupation (maquines)	year-to-date	250
G. Source: ☐ Corporation ☐ PAC 점 Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John Gerriga	10 / 20 / 10	\$ 250
Mailing Address		S
32 Timberton Drive	-'-'-	
City, State, Zip Code	- V 9	\$
Hattiesburg, MS 39401	-'-'-	
Name of Employer (Required) Social Security Disab. Consultants, Inc.		\$
Occupation (Required) President	Aggregate year-to-date	\$ 250
D. Source: Corporation D PAC D Individual D Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	10 / 20 / 10	
Mary Conville	10 120 110	\$ 250
Mailing Address	1 1	\$
2312 Carriage Road		Ĭ.
City, State, Zip Gode	1 1	\$
Hattiesburg, MS 39402		
Name of Employer (Required)	11	S
Conville & Conville	Aggregate	\$
Occupation (Required)	a acreas	

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Name of Candidate or Committee Committee to Elect Toby Barker State Representative
Reporting period January 1, 2010 through December 31, 2010
ITEMIZED RECEIPTS

A. Source: O Corporation O PAC Mindividual D Loan O Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John Dixion	10 / 20 / 10	500
Malling Address		\$
11043 Thyrne Drive City, State, Zip Gode		\$
Palm Beach, FL 33418 Name of Employer (Required)		s
Occupation (Required) Retired	Aggregate year-to-date	\$ 500
B. Source: Corporation C PAC & Individual C Loan D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name C.T. Finnegen	02 / 01 / 10	1,000
Mailing Address 1200 Velma Street		\$
City, State, Zip Code Hattiesburg, MS 39402		\$
Name of Employer (Required) Finio Construction		\$
Occupation (Required) President	Aggregate year-to-date	1,000
C. Source: () Corporation (X PAC) Individual () Loan () Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Hattlesburg Clinic Healthcare Policy Comm.	02 / 01 / 10	\$ 1,000
Mailing Address P.O. Box 17739		\$
City, State, Zip Code	1 1	\$
Hattiesburg, MS 39404 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	1,000
D. Source: D Corporation X PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MS Dental PAC	02 / 01 / 10	\$ 500
Mailing Address 2630 Ridgewood Rd., Ste C		\$
City, State, Zip Code Jackson, MS 39216		s
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	500

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Name of Candidate or Committee Committee to Elect Toby Barker State Representative

Reporting period January 1, 2010 through December 31, 2010

Source: DCorporation DPAC Mindividual DLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	02 / 01 / 10	\$ 300
Chad King Asiling Address		\$
P.O. Box 1134 Sity, State, Zip Code		\$
Petal, MS 39465 lame of Employer (Required)		s
eif Employed Occupation (Required)	Aggregate year-to-date	\$ 300
Petroleum Landman 3. Source: Corporation PAC Individual Coan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ci Other (brease abacul) (02 / 01 / 10	\$ 300
Richard Conn Mailing Address		\$
3688 Veterans Memorial Drive City, State, Zip Code		s
Hattlesburg, MS 39402 Name of Employer (Required)		\$
Seif Employed Occupation (Required)	Aggregate year-to-date	\$ 300
Physician C. Source: Corporation PAC Individual Coan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	02 / 01 / 10	300
Mailing Address	_'_'_	\$
S. 22nd Avenue City, State, Zip Code	1_1_1_	S
Hattiesburg, MS 39401 Name of Employer (Required) Bryan, Nelson		\$
Occupation (Required)	Aggregate year-to-date	\$ 300
D. Source: D Corporation D PAC D Individual D Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		s
Mailing Address	_'_'_	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

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entative		

s Candidate or Committee	Committee to Elect Toby Barker State Representative	•
Reporting period January 1, 2010		

ITEMIZED DISBURSEMENTS

, Full name	(Mo., Day, Year)	Amount of each disbursement this period
rescent City Grill		S
failing Address	02 / 01 / 10	384
810 Hardy Street		S
ity, State, Zip Code	_'_'_	
Hattiesburg, MS 39401	Aggregate	S
Purpose of Disbursement (Optional)	Year-to-date	384
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Standard Office Supply		5
Mailing Address	08 / 15 / 10	781
400 W. Pine Street		S
City, State, Zip Code	_/_/_	3
Hattiesburg, MS 39401		*
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 781
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Neal House		S
Mailing Address	10 / 20 / 10	750
1311 Hardy Street		S
City, State, Zip Code		3
Hattiesburg, MS 39401	10 TO	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	750
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_'_'_	S
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_'_'_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_''_	S
City, State, Zip Gode		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	5